

## DEPARTMENT OF AGING

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# PROGRAM MEMO

TO: <b>Area Agencies on Aging (AAA)</b>	NO.: <b>PM 03-14 (P)</b>
SUBJECT: <b>Fiscal Year (FY) 2002/03 Title III/VII, Title V, Title III E, and Community-Based Services Programs (CBSP) Closeout Process</b>	DATE ISSUED: July 18, 2003
REVISED:	EXPIRES: Until Superseded
REFERENCES: <b>PM 01-13 (P), PM 02-16 (P), PM 02-18 (P), and PM 02-20 (P)</b>	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input checked="" type="checkbox"/> Title III-B <input checked="" type="checkbox"/> Title III-C1/C2 <input checked="" type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-E <input checked="" type="checkbox"/> Title V <input checked="" type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input checked="" type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <b><u>Policy Change and Annual Reporting Requirements</u></b>	
INQUIRIES SHOULD BE DIRECTED TO: <b>Assigned AAA-Based Team</b>	

The purpose of this Program Memorandum (PM) is to inform AAAs of a policy change regarding revised closeouts and to provide the due dates for submitting all closeout reports and related forms for FY 2002/03 to the California Department of Aging (CDA).

## Revised Closeouts

CDA has determined that the policy of allowing AAAs the option to submit revised closeouts for Title III/VII and Title III E is no longer necessary. Revised closeouts are processed for changes to the final meal counts and to allow AAAs to adjust accruals reported on the original closeouts. Under the new Nutrition Services Incentive Program (NSIP) final meal counts are due by August 20<sup>th</sup>, eliminating the need for a revised closeout, and the number of AAAs adjusting accruals is minimal. Beginning with FY 2002/03, **the Department will no longer process revised closeouts for Title III/VII and Title III E.** As a result, the information submitted on the Title III/VII Financial Closeout Report (CDA 180) and the Title III E Financial Closeout Report (CDA 270) must be accurate and complete. Final adjustments to these closeouts will be completed during the audit resolution process.

**Due Dates**

The following forms must be received by the due dates to allow sufficient time for review and approval:

<u>Program</u>	<u>Form #</u>	<u>Due Date</u>	<u>Original Signature</u>
Title III/VII	CDA 180	September 2, 2003	2
NSIP	CDA 279	August 20, 2003	1
Title III E	CDA 270	September 2, 2003	2
Title V	CDA 90	September 2, 2003	2
CBSP	CDA 246	September 2, 2003	2
Property	CDA 32	September 2, 2003	1

**Title III/VII Financial Closeout Report (CDA 180)**

Expenditures reported on the CDA 180 will be used to calculate unearned federal funds and determine possible funding available for One-Time-Only (OTO) allocations. The OTO calculations will be completed by September 29, 2003. CDA 180s submitted after the due date will result in a AAA being closed out to the latest executed contract as fully expended, which may result in a loss of federal OTO funds.

**NSIP Adjusted Meal Count Schedule (CDA 279)**

The Department has funding available to reimburse AAAs for additional eligible NSIP meals served by the Elderly Nutrition Program from October 2002 through March 2003 that were not previously reported during the original 80-day reconciliation period.

Complete the CDA 279 (Rev 7/03) to document both the additional meals for October through March and the meal corrections for the final quarter of FY 2002/03. The number that appears in the Total Meals line under column (c) and column (f) on the CDA 279 must agree with the Total Title III C1 and Title III C2 USDA senior meals served as reported on the CDA 180. **The AAA director and fiscal officer must sign the CDA 279 certifying the total eligible meals served.**

For FY 2002/03 **adjusted meal counts for the quarter ending June 30, 2003 are due to the Department August 20, 2003.** This shortens the existing 80-day period to 50 days. A corrected SPR 107 file is required for each month and for each program where changes in meals are reported. AAAs must **e-mail separate SPR 107 files with corrected meal counts to their assigned AAA-Based Team's USDA public email address. All corrected files must be received by August 20, 2003** and will serve as the **final correction to NSIP meal counts for FY 2002/03.**

**Title III E Financial Closeout Report (CDA 270)**

The CDA 270 (Rev 7/03) was revised to reflect the 25% minimum matching requirement. The figures reported on the CDA 270 will be used to record revenues and expenditures, calculate unearned federal funds, and determine possible Title III E funding available for OTO allocations.

### **Title V Financial Closeout Report (CDA 90)**

The CDA 90, Page 7, identifies funds owed to CDA or due to the AAA. These figures will be verified during the closeout review process. Funds due to the AAA will be processed by CDA following approval of the CDA 90.

**Title V 502(e) Projects:** For AAAs administering 502(e) experimental projects, a separate CDA 90 must be completed reflecting 502(e) expenditures only, and submitted with the principal CDA 90 reflecting expenditures for the total grant award.

### **CBSP Financial Closeout Report (CDA 246)**

The CDA 246 expenditures will be used to calculate unearned State funds for all programs and to calculate unearned federal Health Insurance Counseling and Advocacy Program (HICAP) funds. Master copies of the CDA 246 were transmitted with PM 01-13 (P) and should be used to report expenditures for FY 2002/03.

Unspent FY 2002/03 HICAP federal funds will be re-allocated to the originating AAA on an amended FY 2003/04 CBSP Planning Estimate. **At the bottom of Page 1 of the CDA 246, identify the total amount of M+C Supplemental funds spent during FY 2002/03.**

Performance Actuals (page 4) must be submitted with the CDA 246. Please involve program and data staff in the completion of the CDA 246 to ensure accuracy of the data submitted.

### **Report of Property Furnished/Purchased with Agreement Funds (CDA 32)**

The AAA shall use the CDA 32 to report all property furnished/purchased with agreement funds. The AAA shall submit the completed CDA 32 with the financial closeout reports. The CDA 32 is cumulative and must identify the current and complete inventory of all property furnished or purchased with funds awarded under the Standard Agreements.

### **General Instructions**

Signed copies of the financial closeout reports, NSIP meal counts, and property lists should be submitted by the due dates and addressed to your respective AAA-Based Team Fiscal Specialist and sent to:

California Department of Aging  
1600 K Street  
Sacramento, California 95814

Computer files for revised forms will be emailed to all AAA Fiscal Officers simultaneously with the distribution of this PM. To expedite processing, the closeout reports may be emailed, as attachments to the team public email addresses.

All financial closeout reports must be accurate, complete, and timely. These reports are subject to review by CDA's Audit Branch and will be kept on file at CDA until an audit has been completed and resolved.

**Original Signed By Lynda Terry**

Lynda Terry  
Director

Attachments

Title III E Financial Closeout Report

AREA AGENCY ON AGING\_\_\_\_\_

GRANT PERIOD\_\_\_\_\_

☐

ORIGINAL CLOSEOUT

PSA NO:\_\_\_\_\_

☐

REVISION NUMBER:\_\_\_\_\_

DATE:\_\_\_\_\_

I hereby certify to the best of my knowledge and belief that this Title III E Finanical Closeout is accurate, current, and discloses the financial results of each project or program funded by this Area Agency on Aging with Older Americans Act Title III E funds and State General Funds.

SIGNATURE OF AREA AGENCY DIRECTOR

PRINTED NAME

DATE

>

FOR STATE USE ONLY

AAA-BASED TEAM SPECIALIST

DATE

TEAM COACH

DATE

>

>

**TITLE III E CLOSEOUT****TITLE III E CLOSEOUT SUMMARY**

CDA 270 (Rev 7/03) Page 1

**ACTUAL COSTS**

PSA NO.:

GRANT PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		GRANT NO.:		DATE:		
COST CATEGORIES		(a) Total Actual Costs	(b) Area Plan Admin	(c) Service Information	(d) III E Access	(e) Caregiver Support	(f) III E Respite	(g) Supplemental Services
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. TOTAL DIRECT AREA	CASH							
	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL DIRECT & INDIRECT AREA AGENCY COSTS (=)	CASH							
	IN-KIND							
11. Cost of Contracted Services (+)	CASH							
	IN-KIND							
12. TOTAL DIRECT, INDIRECT, & CONTRACTED TITLE III E COSTS (=)	CASH							
	IN-KIND							
13. TOTAL CASH & IN-KIND								

**TITLE III E CLOSEOUT SUMMARY**

ACTUAL FUNDING & MATCHING CONTRIBUTIONS								PSA NO.:
GRANT PERIOD:			[ ] ORIGINAL [ ] REVISION NO.:			GRANT NO.:		DATE:
<b>SECTION A</b>		BUDGETED FUNDING						
FUNDING SOURCES		(a) Total Actual Funding	(b) Area Plan Admin	(c) Service Information	(d) III E Access	(e) Caregiver Support	(f) III E Respite	(g) Supplemental Services
1. Grant Related Income	CASH							
2. Non-Matching Contributions	CASH							
	IN-KIND							
3. State Funds	CASH							
4. Matching Contributions	CASH							
	IN-KIND							
5. Federal Funding Grandparent	CASH							
6. Federal Funding Other	CASH							
7. TOTAL TITLE III E	CASH							
	IN-KIND							
FUNDING								
8. TOTAL CASH & IN-KIND								
<b>SECTION B</b>					<b>COSTS TO BE MATCHED INSTRUCTIONS:</b>			
MINIMUM MATCHING REQUIREMENTS					<b>Area Plan Admin Costs to be Matched Calculation:</b>			
					Pg 1 col (b) Line 13 minus Pg 2 col (b) Lines 1 through 3			
ITEM					(a) Area Plan Admin	(b) III E Support Services	(c) Total	
1. Costs to be Matched								
2. Required Matching Percentages					25%	25%		
3. Minimum Required Match								
4. Required Local Public Agencies Matching Contributions = Line 3 x 25%								
<b>SECTION C</b>					<b>SECTION D</b>			
AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS				LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS (Local Public Agencies Must Contribute At Least 25% of Total Minimum Match)				
Source	Cash	In-Kind	Total	Source	Cash	In-Kind	Total	
5. TOTAL				6. TOTAL				







## PSA NO.:

[illegible]

**TITLE III E CLOSEOUT**

CDA 270 (Rev 7/03) Page 6

**CLOSEOUT FOR TITLE III E FEDERAL ONE-TIME-ONLY\* AND  
FEDERAL SHARE OF COSTS CALCULATION**

PSA NO.:

GRANT PERIOD:

[ ] ORIGINAL [ ] REVISION NO.:

GRANT NO.:

DATE:

**SECTION A**

## TITLE III E ONE-TIME-ONLY

Service Category	Budget Display	Federal Share Costs	Unexpended Amount
Outreach			
Community Education			
Information & Assistance			
Comprehensive Assessment			
Case Management			
Transportation			
Assisted Transportation			
Counseling			
Caregiver Support Group			
Caregiver Training			
III E Respite Care Services			
Minor Home Modification Placement			
Homemaker			
Chore			
Home Security and Safety			
Visiting			
Assistive Devices			
Home Delivered Meals			
Legal Assistance			
Income Support/Material Aid			
Translation			
Peer Counseling			
Money Management			
<b>Total OTO</b>			

**SECTION B**

## FEDERAL SHARE OF COSTS

		Area Plan Admin	Total III E Program	Total III E
1. Total III E Costs (Page 1 Line 13)	(+)			
2. Grant Related Income (Page 2 Line 1)	(-)			
3. Non-Matching Cash Contributions (Page 2 Line 2)	(-)			
4. Non-Matching In-Kind Contributions (Page 2 Line 2)	(-)			
5. State Funds (Page 2 Line 3)	(-)			
6. Matching Cash Contributions (Page 2 Line 4)	(-)			
7. Matching In-Kind Contributions (Page 2 Line 4)	(-)			
8. Federal Share of Costs	(=)			

\* - The Federal Share of Costs reported here must be incorporated into Pages 1, 2, 3, 4, 5, & 6 (Section B) of the Title III E Closeout Report as appropriate.

## **Instructions for Preparing the Title III E Financial Closeout Report (CDA 270 Rev 7/03)**

### **PAGE 1 – ACTUAL COSTS**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

### **COST CATEGORIES**

The lines in this section list the allowable cost categories for reporting actual costs for Title III E programs. The columns separate the actual costs by total, administration, and support services.

#### **Lines 1 through 8**

Enter the costs directly incurred by the Area Agency. These should include Area Plan Administration, Service Information, Title III E Access, Caregiver Support, Title III E Respite, and Supplemental Services.

#### **Line 9 Indirect or Grantee Allocated Costs**

Enter the amount of indirect costs allocated to each column. Indirect costs are limited to 8% of Total Direct Area Agency cash costs. Indirect costs must be supported by an approved indirect cost rate. Indirect costs in excess of 8% may be reported as in-kind and used to meet the matching requirements.

#### **Line 10 Total Direct & Indirect Area Agency Costs**

Add the amounts on Line 8 to the amounts on Line 9 and enter the Total Direct and Indirect Area Agency Costs, separating cash from in-kind.

#### **Line 11 Cost of Contracted Services**

Enter the total cost of contracted services.

#### **Line 12 Total Direct, Indirect, & Contracted Title III E Costs**

Add the amounts on Line 10 to the amounts on Line 11, and enter the Total Direct, Indirect, and Contracted Title III E Costs, separating cash from in-kind.

### **Line 13 Total Cash & In-Kind**

Add the cash and in-kind amounts reported on Line 12, and enter the total cash & in-kind for each of the columns (a) through (g).

## **PAGE 2 – ACTUAL FUNDING & MATCHING CONTRIBUTIONS**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

### **SECTION A - FUNDING SOURCES**

The lines in this section list the allowable sources of funding which may be used to cover the actual costs on Page 1. The columns separate the actual funding by total, administration, and support services. In-kind costs on Page 1 must equal in-kind funding on Page 2, by column.

#### **Line 1 Grant Related Income**

Enter on this line in the appropriate column the amount of income generated as a result of a Title III E service. Do not include interest earned on grant funds.

#### **Line 2 Non-Matching Contributions**

Enter on this line local funding that does not qualify as matching contributions and/or is not being reported as matching contributions (e.g., Title V, Title XX, over match.) Include interest earned on grant funds.

#### **Line 3 State Funds**

Enter on this line the amount of State funding from General Funds. The amount reported cannot exceed the amount allocated on the latest Title III E Budget Display.

#### **Line 4 Matching Contributions**

Enter on this line in the appropriate column, funds qualifying as matching or cost sharing funds. Include cash and/or in-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant related income.

### **Line 5 Federal Funding Grandparent**

Enter on this line in the appropriate column the Title III E federal funds received for Grandparent and other relative caregivers. Section 373 (g)(2)(C) of the OAA limits expenditures to no more than 10% of the federal and non-federal share to provide support services to grandparents and older individuals who are relative givers. The maximum amount limitation is identified on the Title III E Budget Display. The amount reported on Line 5 cannot exceed the amount identified on the latest Title III E Budget Display.

### **Line 6 Federal Funding Other**

Enter on this line in the appropriate column the Title III E federal funds received for all other caregivers (do not include Grandparent).

### **Line 7 Total Title III E Funding**

Add the amounts on Lines 1 through 6 and enter the total Title III E funding, separating cash from in-kind.

### **Line 8 Total Cash and In-kind**

Add the cash and in-kind amounts on Line 7 and enter the total cash & in-kind for each of the columns (a) through (g).

## **SECTION B - MINIMUM MATCHING REQUIREMENTS**

In this section calculate the minimum matching requirements for Area Plan Administration and Title III E Support Services.

**Area Plan Admin:** To calculate the minimum matching requirement for Area Plan Admin use the following formula:

### **Line 1 Costs to be matched**

Page 1 column (b) Line 13 minus Page 2 column (b) Lines 1 through 3.

**Title III E Support Services:** To calculate the minimum matching requirement for Title III E Support Services use the following formula:

### **Line 1 Costs to be matched**

Page 1 Line 13 column (c) plus column (d) plus column (e) plus column (f) plus column (g), minus Page 2 Lines 1 through 3 column (c), column (d), column (e), column (f), and column (g).

### **Line 3 Minimum Required Match**

Multiply Line 1 times Line 2 and enter the amount on Line 3 for column (a) and column (b). Add column (a) to column (b) and enter the total in column (c).

### **Line 4 Required Local Public Agencies Matching Contributions**

Multiply the Total column (c) on Line 3 by 25%. This is the minimum amount of local match that must be provided by local public agencies. Local public agencies include Cities, Counties, and Municipalities.

## **SECTION C - AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS**

List the agencies contributing matching funds to the Area Agency for its own administration. Provide a breakdown between cash & in-kind funding.

## **SECTION D - LOCAL PUBLIC AGENCIES**

List the local public agencies contributing matching funds to satisfy the requirement in Section B above. Provide a breakdown between cash & in-kind. List agencies providing funding to the Area Agency and/or service providers. Local public agencies providing matching contributions for Area Plan Administration may be listed in both Section C and Section D.

## **PAGE 3 – SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

### **SERVICE CATEGORIES**

Complete this part for all Title III E services the Area Agency provides as a direct service. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are listed.

**Total Service Information:** In column (a), enter the total actual costs for Outreach and Community Education. In columns (b) through (g), enter the actual funding received for Outreach and Community Education. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Outreach and Community Education.

**Total III E Access:** In column (a), enter the total actual costs for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. In columns (b) through (g) enter the actual funding received for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation.

**Total Caregiver Support:** In column (a), enter the total actual costs for Counseling, Caregiver Support Group, and Caregiver Training. In columns (b) through (g) enter the total actual funding received for Counseling, Caregiver Support Group, and Caregiver Training. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Counseling, Caregiver Support Group, and Caregiver Training.

**Title III E Respite Care Services:** In column (a), enter the total actual costs for Title III E Respite Care Services. In columns (b) through (g) enter the total actual funding received for Title III E Respite Care Services. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Title III E Respite Care Services.

**Total Supplemental Services:** In column (a), enter the total actual costs for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA). In columns (b) through (g) enter the total actual funding received for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Other (requires prior approval from CDA). Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Money Management.

#### **PAGE 4 – SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FF 0102-34).



## SERVICE CATEGORIES

Complete this part for all Title III E services the Area Agency contracts out. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are listed.

**Total Service Information:** In column (a) enter the total actual costs for Outreach and Community Education. In columns (b) through (g) enter the actual funding received for Outreach and Community Education. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Outreach and Community Education.

**Total III E Access:** In column (a) enter the total actual costs for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. In columns (b) through (g) enter the actual funding received for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation.

**Total Caregiver Support:** In column (a) enter the total actual costs for Counseling, Caregiver Support Group, and Caregiver Training. In columns (b) through (g) enter the total actual funding received for Counseling, Caregiver Support Group, and Caregiver Training. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Counseling, Caregiver Support Group, and Caregiver Training.

**Title III E Respite Care Services:** In column (a) enter the total actual costs for Title III E Respite Care Services. In columns (b) through (g) enter the total actual funding received for Title III E Respite Care Services. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Title III E Respite Care Services.

**Total Supplemental Services:** In column (a) enter the total actual costs for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA). In columns (b) through (g) enter the total actual funding received for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Other (requires prior approval from CDA). Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Money Management.

## **PAGE 5 – SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FF 0102-34).

On this page, provide actual cost and funding information for individual service providers. Title III E service providers and contract numbers should be listed in the far-left section of the page. Enter the service provided. Columns (a) through (h) on page 5 correspond with columns (a) through (h) on page 4. The Total III E Contracted Services line on page 5 must agree with the Total III E Contracted Services line on page 4.

## **PAGE 6 CLOSEOUT FOR TITLE III E FEDERAL ONE-TIME-ONLY AND FEDERAL SHARE OF COSTS CALCULATION**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FF 0102-34).

### **SECTION A - TITLE III E ONE-TIME-ONLY**

**Budget Display:** Report the amount of federal OTO funds allocated to each Title III E Service Category. The Total OTO must agree with the OTO amount on the latest Title III E Budget Display.

**Federal Share of Costs:** For each Title III E Service Category, report the actual amount of federal OTO expended. **The federal share of costs reported here must be incorporated into Pages 1, 2, 3, 4, 5, & 6 (Section B) as appropriate.**

**Unexpended Amount:** For each Service Category, subtract the federal share of costs from the budget display column and enter the amount.

### **SECTION - B FEDERAL SHARE OF COSTS**

This section is a summary of the figures reported on Page 1 and Page 2 of the Title III E Closeout. The information reported here will be used to determine the amount of federal funds earned for the grant period.

#### **Line 1 Total III E Costs**

For Area Plan Admin, enter the amount from Page 1 Line 13 column (b). For Title III E Program, add the amounts from Page 1 Line 13 columns (c) through (g), and enter the total.

## **Line 2 Grant Related Income**

For Title III E Program, add the amounts from Page 2 Line 1 columns (c) through (g), and enter the total. (Area Plan Admin does not generate any Grant Related Income.)

## **Line 3 Non-Matching Cash Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 2 CASH column (b).  
For Title III E Program, add the amounts from Page 2 Line 2 CASH columns (c) through (g), and enter the total.

## **Line 4 Non-Matching In-Kind Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 2 IN-KIND column (b).  
For Title III E Program, add the amounts from Page 2 Line 2 IN-KIND columns (c) through (g), and enter the total.

## **Line 5 State Funds (if applicable)**

For Title III E Program, add the amounts from Page 2 Line 3 columns (c) through (g), and enter the total.

## **Line 6 Matching Cash Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 4 CASH column (b).  
For Title III E Program, add the amounts from Page 2 Line 4 CASH columns (c) through (g), and enter the total.

## **Line 7 Matching In-Kind Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 4 IN-KIND column (b).  
For Title III E Program, add the amounts from Page 2 Line 4 IN-KIND columns (c) through (g), and enter the total.

## **Line 8 Federal Share of Costs**

For Area Plan Admin, subtract Lines 2 through 7 from Line 1 and enter the amount in the Area Plan Admin column. For Title III E Program, subtract Lines 2 through 7 from Line 1 and enter the amount in the Total III E Program column.